

Bill Postmus
Assessor
County of San Bernardino



CLAIM FOR TAX DEFERRAL

DAMAGED PROPERTY

I HEREBY APPLY FOR TAX DEFERRAL FOR DAMAGED PROPERTY.

ASSESSOR'S PARCEL NUMBER: _____

NAME OF OWNER: _____

PROPERTY ADDRESS: _____

APPLICATION FOR REASSESSMENT OF DAMAGED PROPERTY MUST HAVE BEEN FILED WITH THE OFFICE OF ASSESSOR WITHIN 12 MONTHS OF DATE OF DAMAGE.

PER STATUTORY REQUIREMENT, TAXES PAID THROUGH IMPOUND ACCOUNT ARE NOT ELIGIBLE FOR TAX DEFERRAL.

TAXES PAID THROUGH IMPOUND ACCOUNT _____ YES _____ NO

Signature

Date

MAIL COMPLETED FORM TO ➔

Office of Assessor
County of San Bernardino
172 West Third Street
San Bernardino, CA 92415 -0310

ASSESSOR'S USE ONLY

Deferral Authorized by: _____

Date: _____

Deferral Denied by: _____

Date: _____

Reason for Denial: _____

Date: _____